Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>08/01/20</u> 10	Address:	<u>K&L CAR WASH</u>
Case #;	<u>42F30921</u>		S.R. 7 N. OF MAIN ST.
County:	<u>JENNINGS</u>		(l <u>N_VEHICLE)</u>
Type of Laboratory Scizure (check one)		Seizure Location (check all that apply)	
Chemic	onal Lab al/Glassware/Equipment (only) te (only)	☐ Residence ☐ Outbuilding ☑ Vehicle	☐ Hotel/Motel☐ Open – No Structure☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents: IN VEHICLE			
Water Reactive Mctal (Lithium):			
Anhydrous Ammonia: IN FIRE EXTINGUISHER IN VEHICLE			
Hydrochloric Acid Gas Generator(s):			
Corrosive Aeid:			
Corrosive Base:			
Other (item and location):			
☐ Yes _ ⊠ No	er age 18 discovered (check one) (number present) port to Child Protective Services	Ephedrin	<u>e Information</u> e/Pseudoephedrine Tracking Log erchant Tip —
This report is to be faxed to the following agencies that serve the location:			
Fire Depart	ment: NORTH VERNON FIRE	Fax: 812-346-6749	
Health Department: <u>JENNINGS CO.</u>		Fax: <u>812-3</u> Fax: <u>N/A</u>	<u>52-3030</u>
Child Prote	ction Service: N/A	_ 	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: MARTIN A. MEAD Phone 812-522-1441			

- This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.